

<i>SERFF Tracking Number:</i>	<i>JHAN-125432823</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>		<i>State Tracking Number:</i>
<i>Company Tracking Number:</i>	<i>08OYT</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>One Year Term Life Policy</i>		
<i>Project Name/Number:</i>	<i>One Year Term Life Policy/</i>		

## Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)

Product Name: One Year Term Life Policy	SERFF Tr Num: JHAN-125432823	State: ArkansasLH
TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 38091
Sub-TOI: L04I.003 Single Life - Single Premium	Co Tr Num: 08OYT	State Status: Approved-Closed
Filing Type: Form	Co Status: Submitted	Reviewer(s): Linda Bird
	Author: Michelle Fluet	Disposition Date: 07/25/2008
	Date Submitted: 02/05/2008	Disposition Status: Approved
Implementation Date Requested:		Implementation Date:

State Filing Description:

## General Information

Project Name: One Year Term Life Policy	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/25/2008	
State Status Changed: 07/25/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

We are filing the form referenced above for general use in your jurisdiction. The form is filed in accordance with the applicable statutes and regulations of your jurisdiction and is in final print, subject only to minor variations in paper stock, color, fonts, duplexing, and positioning. This form is new and will not replace any existing form. The form is intended to be effective upon approval and will be marketed to individuals expressing an interest.

No part of this filing contains any unusual or controversial items differing from normal Company or industry standards. No part of this filing contains any assumptions or provisions which unfairly discriminate in availability, rates, benefits or any other way for prospective insureds.

*SERFF Tracking Number:* JHAN-125432823 *State:* Arkansas  
*Filing Company:* John Hancock Life Insurance Company (U.S.A.) *State Tracking Number:* 38091  
*Company Tracking Number:* 08OYT  
*TOI:* L04I Individual Life - Term *Sub-TOI:* L04I.003 Single Life - Single Premium  
*Product Name:* One Year Term Life Policy  
*Project Name/Number:* One Year Term Life Policy/

For jurisdictions with an illustration regulation, we advise that these forms are non-illustrated forms.

The policy is a single premium non-renewable one year term policy. The issue ages range for the policy is 15-120.

As this is a single premium one year term policy we note the following:

- The policy does not contain a Grace Period or Reinstatement provision due to the single premium 1 year term period.
- The Incontestability provision does not provide a limit on the contestability period as the policy is a non-renewable 1 year term policy and would not exceed applicable state insurance laws.
- The Suicide provision only extends for the length of policy which is one year.

The application form which will be used with this policy is NB5092US(04/2007), Application for Term Life Insurance, which was approved by your state on 4/24/07 under SERFF Tracking Number MANU-125158915.

Marketing materials have not been developed for this product. Should marketing materials be developed, we will submit them to your Department to the extent necessary under insurance laws, unless you indicate otherwise.

Your attention to this submission is appreciated. Should you have any questions or concerns about this filing, please do not hesitate to contact me.

## Company and Contact

### Filing Contact Information

Michelle Fluet, State Compliance Analyst  
197 Clarendon Street  
Boston, MA 02117  
mfluet@jhancock.com  
(800) 370-1355 [Phone]  
(617) 572-0808[FAX]

### Filing Company Information

John Hancock Life Insurance Company  
(U.S.A.)  
197 Clarendon Street  
C-611  
CoCode: 65838  
Group Code: 904  
State of Domicile: Michigan  
Company Type: Life Insurance

*Arkansas*

38091

Company Tracking Number: 08OYT

*L04I.003 Single Life - Single Premium*

*Product Name:* *One Year Term Life Policy*

*Project Name/Number:* *One Year Term Life Policy/*

Boston, MA 02117

Group Name:

State ID Number:

(800) 370-1355 ext. [Phone]

FEIN Number: 01-0233346

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SERFF Tracking Number:	JHAN-125432823	State:	Arkansas
Filing Company:	John Hancock Life Insurance Company (U.S.A.)	State Tracking Number:	38091
Company Tracking Number:	08OYT		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.003 Single Life - Single Premium
Product Name:	One Year Term Life Policy		
Project Name/Number:	One Year Term Life Policy/		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
157080	\$50.00	01/31/2008

SERFF Tracking Number: JHAN-125432823 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38091

Company Tracking Number: 08OYT

TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium

Product Name: One Year Term Life Policy

Project Name/Number: One Year Term Life Policy/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/25/2008	07/25/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Premium Rates	Supporting Document	Michelle Fluet	07/21/2008	07/21/2008
Statement of Variability	Supporting Document	Michelle Fluet	07/21/2008	07/21/2008
Premium Rates	Supporting Document	Michelle Fluet	02/05/2008	02/05/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
rates are changing	Note To Reviewer	Michelle Fluet	06/16/2008	06/16/2008
Rates are changing	Note To Filer	Linda Bird	06/16/2008	06/16/2008
Rates are changing	Note To Reviewer	Michelle Fluet	05/01/2008	05/01/2008
Rates are changing	Note To Filer	Linda Bird	05/01/2008	05/01/2008
Rates are changing	Note To Filer	Linda Bird	03/18/2008	03/18/2008
Rates are changing	Note To Reviewer	Michelle Fluet	03/15/2008	03/15/2008
Rates that were submitted are changing	Note To Filer	Linda Bird	03/14/2008	03/14/2008

*SERFF Tracking Number:*      *JHAN-125432823*                      *State:*                      *Arkansas*  
*Filing Company:*              *John Hancock Life Insurance Company (U.S.A.)*      *State Tracking Number:*              *38091*  
*Company Tracking Number:*      *08OYT*  
*TOI:*                      *L04I Individual Life - Term*                      *Sub-TOI:*                      *L04I.003 Single Life - Single Premium*  
*Product Name:*              *One Year Term Life Policy*  
*Project Name/Number:*              *One Year Term Life Policy/*

Rates that were submitted are changing      Note To Reviewer                      Michelle Fluet      02/07/2008 02/07/2008

<i>SERFF Tracking Number:</i>	<i>JHAN-125432823</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>	<i>State Tracking Number:</i>	<i>38091</i>
<i>Company Tracking Number:</i>	<i>08OYT</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>One Year Term Life Policy</i>		
<i>Project Name/Number:</i>	<i>One Year Term Life Policy/</i>		

## Disposition

Disposition Date: 07/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JHAN-125432823 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38091

Company Tracking Number: 08OYT

TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium

Product Name: One Year Term Life Policy

Project Name/Number: One Year Term Life Policy/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document (revised)	Premium Rates		Yes
Supporting Document	Premium Rates	Withdrawn	No
Supporting Document	Premium Rates	Withdrawn	No
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	Policy Cost and Benefit Statement		Yes
Form	One Year Term Life Policy		Yes



SERFF Tracking Number: JHAN-125432823 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38091  
Company Tracking Number: 08OYT  
TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium  
Product Name: One Year Term Life Policy  
Project Name/Number: One Year Term Life Policy/

**Amendment Letter**

Amendment Date:

Submitted Date: 07/21/2008

**Comments:**

We would like to take this opportunity to thank you for patience on this submission.

We have finalized the rates and have provided a revised table of rates.

In addition, we have also included a new statement of variability as the maximum face amount has been increased.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Premium Rates**

Comment:

One Year Term (OYT) Final Rates.pdf

**User Added -Name: Statement of Variability**

Comment:

Revised Statement of Variability \_#08OYT\_.pdf

*SERFF Tracking Number:* JHAN-125432823 *State:* Arkansas  
*Filing Company:* John Hancock Life Insurance Company (U.S.A.) *State Tracking Number:* 38091  
*Company Tracking Number:* 08OYT  
*TOI:* L04I Individual Life - Term *Sub-TOI:* L04I.003 Single Life - Single Premium  
*Product Name:* One Year Term Life Policy  
*Project Name/Number:* One Year Term Life Policy/

**Note To Reviewer**

**Created By:**

Michelle Fluet on 06/16/2008 10:22 AM

**Subject:**

rates are changing

**Comments:**

We would like to thank the Department for its patience and would request that the submission / filing be held open.

We have had some personnel changes which have impacted this submission. We are still working on the rates and hope to have something in the near future.

We sincerely apologize for this delay.

*SERFF Tracking Number: JHAN-125432823 State: Arkansas*  
*Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38091*  
*Company Tracking Number: 08OYT*  
*TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium*  
*Product Name: One Year Term Life Policy*  
*Project Name/Number: One Year Term Life Policy/*

**Note To Filer**

**Created By:**

Linda Bird on 06/16/2008 09:21 AM

**Subject:**

Rates are changing

**Comments:**

It has come to our attention that the Department has been holding this filing open due to your request regarding the adjustment to rates dated 2/7/08.

Please advise the Department if the company would like to withdraw the filing, as the issue with the rates has not been resolved?

*SERFF Tracking Number:* JHAN-125432823 *State:* Arkansas  
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*TOI:* L04I Individual Life - Term *Sub-TOI:* L04I.003 Single Life - Single Premium  
*Product Name:* One Year Term Life Policy  
*Project Name/Number:* One Year Term Life Policy/

**Note To Reviewer**

**Created By:**

Michelle Fluet on 05/01/2008 09:20 AM

**Subject:**

Rates are changing

**Comments:**

Yes unfortunately the issue with the rates has not yet been resolved.

*SERFF Tracking Number:*      *JHAN-125432823*      *State:*      *Arkansas*  
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*Company Tracking Number:*      *08OYT*  
*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.003 Single Life - Single Premium*  
*Product Name:*      *One Year Term Life Policy*  
*Project Name/Number:*      *One Year Term Life Policy/*

**Note To Filer**

**Created By:**

Linda Bird on 05/01/2008 06:37 AM

**Subject:**

Rates are changing

**Comments:**

Please advise the status of corrected rates. Is additional time needed?

*SERFF Tracking Number: JHAN-125432823 State: Arkansas*  
*Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38091*  
*Company Tracking Number: 08OYT*  
*TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium*  
*Product Name: One Year Term Life Policy*  
*Project Name/Number: One Year Term Life Policy/*

**Note To Filer**

**Created By:**

Linda Bird on 03/18/2008 02:04 PM

**Subject:**

Rates are changing

**Comments:**

We will hold this filing open until 4/15/08.

*SERFF Tracking Number:* JHAN-125432823 *State:* Arkansas  
*Filing Company:* John Hancock Life Insurance Company (U.S.A.) *State Tracking Number:* 38091  
*Company Tracking Number:* 08OYT  
*TOI:* L04I Individual Life - Term *Sub-TOI:* L04I.003 Single Life - Single Premium  
*Product Name:* One Year Term Life Policy  
*Project Name/Number:* One Year Term Life Policy/

**Note To Reviewer**

**Created By:**

Michelle Fluet on 03/15/2008 06:23 PM

**Subject:**

Rates are changing

**Comments:**

Thank you for your note. Due to competing projects, the new rates still have not be completed. Will you be able to hold the filing open a bit longer?

We apologize for any inconvenience this may cause.

*SERFF Tracking Number:*      *JHAN-125432823*      *State:*      *Arkansas*  
*Filing Company:*      *John Hancock Life Insurance Company (U.S.A.)*      *State Tracking Number:*      *38091*  
*Company Tracking Number:*      *08OYT*  
*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.003 Single Life - Single Premium*  
*Product Name:*      *One Year Term Life Policy*  
*Project Name/Number:*      *One Year Term Life Policy/*

**Note To Filer**

**Created By:**

Linda Bird on 03/14/2008 11:23 AM

**Subject:**

Rates that were submitted are changing

**Comments:**

Status of corrected rates on this submission?



*SERFF Tracking Number:*      *JHAN-125432823*      *State:*      *Arkansas*  
*Filing Company:*      *John Hancock Life Insurance Company (U.S.A.)*      *State Tracking Number:*      *38091*  
*Company Tracking Number:*      *08OYT*  
*TOI:*      *L04I Individual Life - Term*      *Sub-TOI:*      *L04I.003 Single Life - Single Premium*  
*Product Name:*      *One Year Term Life Policy*  
*Project Name/Number:*      *One Year Term Life Policy/*

**Note To Reviewer**

**Created By:**

Michelle Fluet on 02/07/2008 09:41 AM

**Subject:**

Rates that were submitted are changing

**Comments:**

Our actuary has informed me that adjustments need to be made to the rates that were filed. We are hoping that the corrected rates will be available tomorrow however this would be a best case scenario and would likely expect that they might not be available until next week. We respectfully request that the Department hold this submission until such time as we can provide you with the corrected rates.

Thank you for your consideration in this matter.

Michelle Fluet

SERFF Tracking Number: JHAN-125432823 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38091  
Company Tracking Number: 08OYT  
TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium  
Product Name: One Year Term Life Policy  
Project Name/Number: One Year Term Life Policy/

**Amendment Letter**

Amendment Date:

Submitted Date: 02/05/2008

**Comments:**

Provided the rates in Excel in error - revising to include rates in PDF format.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Premium Rates**

Comment:

Premium Rates for #08OYT.pdf

SERFF Tracking Number: JHAN-125432823 State: Arkansas

Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38091

Company Tracking Number: 08OYT

TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium

Product Name: One Year Term Life Policy

Project Name/Number: One Year Term Life Policy/

## Form Schedule

Lead Form Number: 08OYT

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	08OYT	Policy/Cont One Year Term Life ract/Fratern Policy al Certificate	Initial		50	08OYT - AR.pdf



Life Insurance Company (U.S.A.)  
A Stock Company

LIFE INSURED [JOHN HANCOCK]  
PLAN [ONE YEAR TERM]  
POLICY NUMBER [1234567]

FACE AMOUNT [\$100,000]  
ISSUE DATE [JANUARY 1, 2008]  
EXPIRY DATE [DECEMBER 31, 2008]

### INDIVIDUAL ONE YEAR TERM LIFE INSURANCE

The John Hancock Life Insurance Company (U.S.A.) ("the Company") agrees, subject to the conditions and provisions of this policy, to pay the Face Amount to the Beneficiary in a lump sum if the Life Insured's death occurs before the Expiry Date while the policy is in full force, and to provide the other benefits, rights and privileges of the policy.

Payment will be made on receipt at the service office of the Company of due proof of the Life Insured's death.

The policy is issued in consideration of the application and the payment of the premium.

The Policy Specifications on page 3 and the conditions and provisions on this and following pages are part of the policy.

READ YOUR POLICY CAREFULLY. It is a legal contract between you and us.

**10 Day Right of Examination - This policy may be returned by delivering or mailing it within 10 days after its receipt to us or to the agent or agency office through which it was delivered. If replacement is involved, the Right to Examination is 20 days. Immediately on such delivery or mailing, the policy shall be deemed void from the beginning. Any premium paid on it will then be refunded.**

Signed for the Company by:

[  
  
SPECIMEN

President

  
SPECIMEN

Secretary]

Single Premium One Year Term Policy Face Amount payable at death before Expiry Date

Not renewable

Not exchangeable

No surrender of nonforfeiture value

Not eligible for dividends

Schedules of benefits and premiums, and the premium class, are shown on Page 3

## **Policy Provisions**

### **Section**

1. Policy Specifications
2. Definitions
3. Owner, Beneficiary
4. Payment of Premium
5. Interest on Proceeds
6. Claims of Creditors
7. Assignment
8. Incontestability
9. Misstatement of Age
10. Suicide
11. The Contract

## 1. POLICY SPECIFICATIONS

---

### OWNER, BENEFICIARY - AS DESIGNATED IN THE APPLICATION SUBJECT TO SECTION 3 OF THE POLICY

---

LIFE INSURED	[JOHN HANCOCK]	[\$100,000]	FACE AMOUNT
--------------	----------------	-------------	-------------

ISSUE AGE	[35]	[JANUARY 1, 2008]	ISSUE DATE
POLICY NUMBER	[1234567]	[DECEMBER 31, 2008]	EXPIRY DATE

THIS POLICY IS IN A **STANDARD** PREMIUM CLASS.

PREMIUM PAYABLE: **ANNUAL**

PREMIUM AMOUNT: **[\$41.00]**

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## **2. DEFINITIONS**

"We", "us" and "our" refer only to the Company.

"You" and "your" refer only to the Owner of this policy.

"Payment" means, unless otherwise stated, payment at our service office.

"Written notice" means, unless otherwise stated, a written notice filed at our service office or at one of our authorized offices.

"In full force" means that single premium has been paid and that the policy has not expired.

---

## **3. OWNER, BENEFICIARY**

The Owner and the Beneficiary will be as shown in the application unless you change them.

You shall have the sole and absolute power to exercise all rights and privileges without the consent of any other person unless you provide otherwise by written notice.

If the Life Insured dies and there is no surviving Beneficiary, you will be the Beneficiary; but if you were the Life Insured, your estate will be the Beneficiary.

While the Life Insured is alive, you may change the Owner and Beneficiary by written notice. No change will take effect unless we acknowledge receipt on the notice. A change will take effect whether or not you or the Life Insured is then alive. A change shall be subject to the rights of any assignee of record with us and subject to any payment made or other action taken by us before we acknowledged receipt.

---

## **4. PAYMENT OF PREMIUM**

The single premium payment, as shown in page 3, is payable on the Issue Date. Should you elect to cancel the policy, we will refund any unearned premium for the remainder of the term for which the premium was paid.

---

## **5. INTEREST ON PROCEEDS**

We will pay interest on proceeds paid in one sum in the event of the Life Insured's death from the date of death to the date of payment. The rate will be the 2% or the rate required by law.

---

## **6. CLAIMS OF CREDITORS**

The proceeds and any income payments under the policy will be exempt from the claims of creditors to the extent permitted by law. These proceeds and payments may not be assigned or withdrawn before becoming payable without our agreement.

---

## **7. ASSIGNMENT**

Your interest in this policy may be assigned without the consent of any revocable Beneficiary. Your interest, any interest of the Life Insured and of any revocable Beneficiary shall be subject to the terms of the assignment. We will not be on notice of any assignment unless it is in writing; nor will we be on notice until a duplicate of the original assignment has been filed at our Home Office. We assume no responsibility for the validity or sufficiency of any assignment.

---

## **8. CONTESTABILITY**

This policy may be contested during its duration for material misrepresentations in the application.



---

**9. MISSTATEMENT OF AGE**

---

If the age of the Life Insured has been misstated, we will adjust the Face Amount to that which the premium paid would have purchased at the correct age.

---

**10. SUICIDE**

---

If the Life Insured commits suicide, while sane or insane, we will pay in place of all other benefits an amount equal to the premiums paid.

---

**11. THE CONTRACT**

---

The written application for the policy is attached at issue. The entire contract between the applicant and us consists of the policy and such application. All statements made in the application shall, be deemed representations and not warranties. We will use no statement made by or on behalf of the Life Insured to defend a claim under the policy unless it is in the written application.

Any reference in this policy to date means a calendar day ending at midnight local time at our Home Office.

Changes in this policy may be made by agreement between you and us. Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has authority to waive or agree to change in any respect any of the conditions or provisions of the policy, or to extend credit or to make an agreement for us.

**\*\*\*THIS PAGE INTENTIONALLY LEFT BLANK\*\*\***

Communication about this policy may be sent to the Company's service office, which is currently at [200 Bloor Street East, Toronto, Ontario M4W 1E5. Our toll free number is 1-800-387-2747].

Single Premium One Year Term Policy Face Amount payable at death before Expiry Date

Not renewable

Not exchangeable

No surrender of nonforfeiture value

Not eligible for dividends

Schedules of benefits and premiums, and the premium class, are shown on Page 3

<i>SERFF Tracking Number:</i>	<i>JHAN-125432823</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>John Hancock Life Insurance Company (U.S.A.)</i>	<i>State Tracking Number:</i>	<i>38091</i>
<i>Company Tracking Number:</i>	<i>08OYT</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>One Year Term Life Policy</i>		
<i>Project Name/Number:</i>	<i>One Year Term Life Policy/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: JHAN-125432823 State: Arkansas  
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 38091  
Company Tracking Number: 08OYT  
TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium  
Product Name: One Year Term Life Policy  
Project Name/Number: One Year Term Life Policy/

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 01/15/2008

#### Comments:

#### Attachments:

AR -cert Reg19.pdf  
AR - reg33-49 cert.pdf  
AR - flesch.pdf  
AR - Bulletin 11-83 compliance cert - ar.pdf

### Review Status:

**Satisfied -Name:** Premium Rates 07/21/2008

#### Comments:

#### Attachment:

One Year Term (OYT) Final Rates.pdf

### Review Status:

**Satisfied -Name:** Statement of Variability 07/21/2008

#### Comments:

#### Attachment:

Revised Statement of Variability \_#08OYT\_.pdf

### Review Status:

**Satisfied -Name:** Policy Cost and Benefit Statement 02/01/2008

#### Comments:

#### Attachment:

Policy Cost Benefit Statement \_#08OYT\_.pdf

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**COMPLIANCE CERTIFICATION**

**STATE OF ARKANSAS**

**Form**

08OYT

**Description**

One Year Term Life Policy

John Hancock Life Insurance Company (U.S.A.) hereby certifies to its understanding of the filing requirements of Arkansas Regulation 19 §10B re unfair sex discrimination in the sale of insurance and that this filing meets the provisions of this rule, as well as all applicable requirements of the Arkansas Insurance Department.

February 4, 2008  
Date

A handwritten signature in cursive script that reads "Helene Landow". The signature is written in black ink and is positioned above a horizontal line.

Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**CERTIFICATE OF COMPLIANCE**

**STATE OF ARKANSAS**


**08OYT**

**- One Year Term Life Policy**

I certify to the best of my knowledge and belief as to the accuracy and compliance of this filing; further, I certify that this filing is in compliance with Ark. Code Ann. 23-79-138 which requires that certain information accompany every policy and Regulation 49 which requires that a Life and Health guaranty notice be given to each policyowner.

Also, Regulation 33, in particular Articles VI, VII, IX and XI (if applicable), has been reviewed and our company is in compliance.

February 4, 2008  
Date

  
\_\_\_\_\_  
Helene Landow, FLMI, ACP  
Director, Contracts and Compliance

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**CERTIFICATE OF COMPLIANCE**

**FOR THE STATE OF ARKANSAS**

I, Helene Landow, an officer of JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.), hereby certify that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test, and that these forms meet the requirements of your readability legislation.


**FORM NUMBER**

**READABILITY SCORE**

08OYT

50.3

February 4, 2008  
Date

  
\_\_\_\_\_  
Helene Landow, FLMI, ACP  
Director, Contracts and Compliance




## **CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL**

The John Hancock Life Insurance Company (USA) does hereby consent and agree to the following:

All premium rates/and or cost bases both “maximum” and “current or projected” used in relation to policy form number 08OYT must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

John Hancock Life Insurance Company (USA)

A handwritten signature in cursive script that reads "Helene Landow".

Helene Landow  
Director, US Contracts  
February 4, 2008

**One Year Term (OYT) 2008 Final Rates - July 21, 2008**

Issue Age	Final Rates
15	0.35
16	0.38
17	0.38
18	0.38
19	0.38
20	0.38
21	0.38
22	0.38
23	0.38
24	0.38
25	0.38
26	0.38
27	0.38
28	0.38
29	0.38
30	0.38
31	0.39
32	0.40
33	0.41
34	0.41
35	0.41
36	0.41
37	0.42
38	0.43
39	0.44
40	0.45
41	0.47
42	0.49
43	0.52
44	0.55
45	0.59
46	0.62
47	0.66
48	0.70
49	0.74
50	0.79
51	0.84
52	0.89
53	0.95
54	1.01
55	1.08
56	1.17
57	1.30
58	1.45
59	1.60
60	1.77
61	1.94
62	2.11

63	2.31
64	2.53
65	2.75
66	3.00
67	3.29
68	3.64
69	4.03
70	4.52
71	5.11
72	5.70
73	6.30
74	6.88
75	7.65
76	8.29
77	9.17
78	10.08
79	11.01
80	11.95
81	12.96
82	14.17
83	15.64
84	17.03
85	18.38
86	21.35
87	24.57
88	28.11
89	32.24
90	35.58
91	41.00
92	44.82
93	48.77
94	52.62
95	57.84
96	84.00
97	98.37
98	107.38
99	112.07
100	123.28
101	135.61
102	149.17
103	164.09
104	180.50
105	198.55
106	218.41
107	240.25
108	264.28
109	290.71
110	319.78
111	351.76
112	386.94
113	425.63

<b>114</b>	468.19
<b>115</b>	515.01
<b>116</b>	566.51
<b>117</b>	654.32
<b>118</b>	755.74
<b>119</b>	872.88
<b>120</b>	996.17

**JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)**

**Statement of Variability**

**One Year Term**

**FORM 08OYT**

<b>Section / Section #</b>	<b>Page Number</b>	<b>Description</b>
Front Cover Page	Cover	<ul style="list-style-type: none"><li>• Life Insured's name, policy number, face amount (minimum is \$10,000 and maximum is \$20,000,000), issue date and expiry date vary based on issue specifications</li><li>• The Plan name field is bracketed in case the Company wishes to market this form under a different product name</li><li>• Company Officer signatures bracketed as they may change</li></ul>
1. Policy Specifications	3	<ul style="list-style-type: none"><li>• Life Insured, Issue Age, Date, Policy Number, Face Amount, Issue Date, Expiry Date, and premium amount vary based on issue specifications.</li></ul>
Back Cover Page	Back Cover	<ul style="list-style-type: none"><li>• The address of the Company's Servicing Office and toll free number is bracketed as it may be changed in the future.</li></ul>

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION**

INDIVIDUAL TERM LIFE INSURANCE

POLICY:[12345678]	ONE YEAR TERM	January 1, 2008
INSURED LIFE	ISSUE AGE	PREMIUM CLASS
JOHN HANCOCK	35 (Male)	STANDARD NON-SMOKER

**BASE PLAN**

POLICY <u>YEAR</u>	DEATH <u>BENEFIT</u>	ANNUAL <u>PREMIUM</u>
1	100,000	41.00

**LIFE INSURANCE INDEXES**

	10 YEARS	20 YEARS
NET PAYMENT INDEX		
GUARANTEED	NA	NA
CURRENT	NA	NA
NON-GUAR. ELEMENT	NA	NA
NET SURRENDER INDEX		
GUARANTEED	NA	NA
CURRENT	NA	NA
NON-GUAR. ELEMENT	NA	NA

CASH SURRENDER VALUES ARE ZERO.

AN EXPLANATION OF THE INTENDED USE OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

AGENT: AGENT X  
1 MAIN STREET  
ANYTOWN, FLORIDA 11111

JOHN HANCOCK LIFE INSURANCE COMPANY (USA)